TALK UNLIMITED NOW, INC.

Certificate of authority to transact business in Illinois.



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

APRIL 12, 2002

6214-546-3

CSC NETWORKS 700 S 2ND ST SPRINGF.ELD, IL 62704

RE TALK UNLIMITED NOW, INC.

DEAR SIR OR MADAM:

IT IS OUR PLEASURE TO APPROVE YOUR REQUEST TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS. ENCLOSED PLEASE FIND THE AUTHORITY ACKNOWLEDGING REGISTRATION.

THIS DOCUMENT MUST BE RECORDED IN THE OFFICE OF THE RECORDER OF THE COUNTY IN ILLINOIS IN WHICH THE REGISTERED OFFICE OF THE CORPORATION IS LOCATED, AS PROVIDED BY SECTION 1.10 OF THE BUSINESS CORPORATION ACT OF THIS STATE. FOR FURTHER INFORMATION CONTACT YOUR RECORDER OF DEEDS.

THE CORPORATION MUST FILE AN ANNUAL REPORT AND PAY FRANCHISE TAXES PRIOR TO THE FIRST DAY OF ITS ANNIVERSARY MONTH (MONTH OF QUALIFICATION) NEXT YEAR. A PRE-PRINTED ANNUAL REPORT FORM WILL BE SENT TO THE REGISTERED AGENT AT THE ADDRESS SHOWN ON THE RECORDS OF THIS OFFICE APPROXIMATELY 60 DAYS PRIOR TO ITS ANNIVERSARY MONTH.

SECURITIES CANNOT BE ISSUED OR SOLD EXCEPT IN COMPLIANCE WITH THE ILLINOIS SECURITIES LAW OF 1953, 815 ILLINOIS COMPILED STATUTES, 5/1 ET SEQ. FOR FURTHER INFORMATION, CONTACT THE OFFICE OF THE SECRETARY OF STATE, SECURITIES DEPARTMENT AT (217) 782-2256 OR (312) 793-3384.

SINCERELY YOURS,

JESSE WHITE SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES CORPORATION DIVISION TELEPHONE (217) 782-6961

JW:CD



Form **BCA-13.15**

(Rev. Jan. 1999)

Jesse White, Secretary of State Department of Business Services Springfield, IL 62756 Telephone (217) 782-1834 http://www.sos.state.il.us

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

APPLICATION FOR CERTIFICATE
OF AUTHORITY TO
TRANSACT BUSINESS IN ILLINOIS

This state or use y Secretary of State

APR 1 2 2002

JESSE WHITE SECRETARY OF STATE SUBMIT IN DUPLICATE!

This space for use by Secretary of State

Date 04/12/02

Franchise Tax \$ 25,50

Filing Fee

Penalties

Approved;

\$ 75.2
\$7/4.0

payao	ole to Secretary of State.									
. (a	CORPORATE NAME:	TALK UNLIMITED NOW, INC.								
(C	(Complete item 1 (b) only if the corporate name is not available in this state.)									
d)	b) ASSUMED CORPORATE NAME:									
(By electing this assumed name, the corporation hereby agrees NOT to use its corporate name in the transaction of business in Illinois. Form BCA 4.15 is attached.)										
(a	i) State or Country of Incorp	poration:DELAW	ARE							
(b) Date of Incorporation:		MARCH 18	MARCH 18, 2002						
(c)	e) Period of Duration:	PERPETUAL								
(a	a) Address of the principal of	office, wherever located:	(If none, so state)							
	3606 S. WAVERLY PL	VCE								
	JOUG J. MAJERE! IL	, nu L								
			NONE NONE							
	TAMPA, FLORIDA 33	1629	0	ONE.						
 Na	ame and address of the regis	stered agent and registered	d office in Illinois							
Na	ame and address of the regis		d office in Illinois	E COMPANY		st Name				
Na	ame and address of the regis	stered agent and registered ILLINOIS CORPOR First Name	d office in Illinois ATION SERVIC Middle	E COMPANY						
Na	ame and address of the regis	stered agent and registered ILLINOIS CORPOR First Name	d office in Illinois ATION SERVIC Middle STREET	E COMPANY	Las					
Na	ame and address of the regis	stered agent and registered ILLINOIS CORPOR First Name 700 SOUTH SECOND	d office in Illinois ATION SERVIC Middle STREET	E COMPANY Name eet	Las	st Name Suite #				
Na	ame and address of the regis	stered agent and registered ILLINOIS CORPOR First Name 700 SOUTH SECOND Number	d office in Illinois ATION SERVIC Middle STREET Str	F COMPANY Name	Las S SANG	st Name Suite #				
	ame and address of the regis	stered agent and registered ILLINOIS CORPOR First Name 700 SOUTH SECOND Number SPRINGFIELD City	d office in Illinois ATION SERVIC Middle STREET Str 62704	E COMPANY Name eet	Las S SANG	st Name Suite # AMON County				
St	ame and address of the regis Registered Agent Registered Office tates and countries in which i	stered agent and registered ILLINOIS CORPORA First Name 700 SOUTH SECOND Number SPRINGFIELD City It is admitted or qualified to	d office in Illinois ATION SERVIC Middle STREET Str 62704 ZIP (E COMPANY Name eet	Las S SANG	st Name Suite # AMON County				
St	ame and address of the regis Registered Agent Registered Office tates and countries in which i DELAWARE ames and residential address Name	stered agent and registered ILLINOIS CORPOR First Name 700 SOUTH SECOND Number SPRINGFIELD City It is admitted or qualified to sees of officers and director	d office in Illinois ATION SERVIC Middle STREET Str 62704 ZIP C o transact busine	E COMPANY Name eet	Las S SANG	st Name Suite # AMON County				
St Na Pr	ame and address of the regis Registered Agent Registered Office tates and countries in which i DELAWARE ames and residential address Name resident ROBIN CALDW	stered agent and registered ILLINOIS CORPOR First Name 700 SOUTH SECOND Number SPRINGFIELD City It is admitted or qualified to see of officers and director No. & S IELL 3606 S. W	d office in Illinois ATION SERVIC Middle STREET Str 62704 ZIP (transact busine s: treet AVERLY PL.	E COMPANY Name eet Code ss: (Include state	Las SANG Co e of incorporat	st Name Suite # AMON County				
St Na Pr Se	ame and address of the regis Registered Agent Registered Office tates and countries in which i DELAWARE ames and residential address Name resident ROBIN CALDW ecretary ROBIN CALDW	stered agent and registered ILLINOIS CORPOR First Name 700 SOUTH SECOND Number SPRINGFIELD City it is admitted or qualified to ses of officers and director No. & S IELL 3606 S. W ELL (SAME AS	d office in Illinois ATION SERVIC Middle STREET Str 62704 ZIP (transact busine s: treet AVERLY PL ABOVE)	. E COMPANY Name eet Code ss: (Include state	SANG/Comporate of incorporate State FI	Suite # AMON County tion)				
St Na Pr Se Di	ame and address of the regis Registered Agent Registered Office tates and countries in which i DELAWARE ames and residential address Name resident ROBIN CALDW	stered agent and registered ILLINOIS CORPOR First Name 700 SOUTH SECOND Number SPRINGFIELD City it is admitted or qualified to ses of officers and director No. & S IELL 3606 S. W IELL (SAME AS	d office in Illinois ATION SERVIC Middle STREET Str 62704 ZIP (transact busine s: treet AVERLY PL ABOVE)	. E COMPANY Name eet Code ss: (Include state	SANG/Comporate of incorporate State FI	Suite # AMON County tion)				

7. Purpose or purposes proposed to be pursued in transacting business in this state:

(If not sufficient space to cover this point, add one or more sheets of this size.)

PROVIDER OF TELECOMMUNICATION SERVICES

8.	Auth	orized and	l issued sha	ares:		Number o	f Shares	Number of	Sharas
	Clas	s	Series	Par Va	alue	Author		Issue	
	mon efer	ced	A	\$.0001 \$.0001		100,000 200,000		6,958,970 none	
9.		-in Capital d-in Capita		15. 90 the terms State	d Capital & Pai	d-in Surplus	and is eq	ual to the total of these a	accounts.)
10.	(a)			the total value flowing year:	of all the prope	erty* of the	\$	75,000	
	(p)	Give an e corporation	estimate of on for the fo	the total value llowing year tha	of all the prope t will be located	erty* of the in Illinois:	\$	-0-	
	(c)			total business where for the fo		tion to be	\$	4,000,000	
	(d)	State the transacte	estimated d by it at o	annual busines: r from places of	s of the corpora business in th	ation to be le State of	\$.	250,000	
11.	Inter	rogatories:	(Important	- this section m	ust be complet	ed.)			
**	(a) (b) (c) (d) (e)	Number of Number of Is the corp	of shares of of shares of poration tra	all classes owner all classes owner nsacting busines	ed by residents ed by non-resid ss in this state :	of Illinois: ents of Illino at this time?	none ois: 6,95 no	for final acceptance: 360 Pl., Tampa, 8,970 nced to transact busines	FL 33629
12.	This the la	application ast ninety (is accompa (90) days, b	nied by a certific y the proper offi	ed copy of the ar	ticles of inco	orporation, wherein th	as amended, duly auther e corporation is incorpor	nticated, within rated.
13.	The unde	ındersigne r penalties	d corporations of perjury,	n has caused thi that the facts st	s statement to bated herein are	e signed by true. (All sig	its duly au gnatures r	nthorized officers, each of must be in BLACK INK.)	whom affirms,
	Date attes	ted by	mature of S ROBIN	ecretary or Assi CALDWELL So Or Print Name a	ECRETARY	 	(Signator ROBIN C	LIMITED NOW, INC. xact Name of Corporation e of President or Vice President ALDWELL, PRESIDEN to be or Print Name and Tit	esident)

- * PROPERTY as used in this application shall apply to all property of the corporation, real, personal, tangible, intangible, or mixed without qualifications.
- When the response to #11(a) lists ONLY an Illinois address, then the total business as reflected in #10(c) is also considered to be Illinois business for the purpose of computing the Illinois allocation factor. By signing this application, the corporation affirms that it is aware that the amount of paid-in capital, and consequently the amount of license fees and franchise taxes, may be proportionately higher due to the Illinois address shown under #11(a).